

Life Choice Project

*A caring partnership offering life-affirming choices
to Louisiana's pregnant women*

Quality Assurance Program Guidance

For the
Prenatal Care and Coordination Services

Revised March 2013

Revised by:

The Life Choice Project
Administered by **Caring To Love Ministries**
Dorothy Wallis, Project Administrator

Life Choice Project

QUALITY ASSURANCE PROGRAM

Purpose

The Life Choice Project's Quality Assurance Program seeks to guarantee that high quality coordination of care services, within the framework of current standards and contracts, are delivered to eligible pregnant women.

Quality Assurance Evaluation of the Service Provider/Subcontractor

Service Provider provides services in accordance with nationally recognized guidelines and standards of care as well as adhere to appropriate state and federal guidelines. Service Providers are monitored and evaluated by the Life Choice Project Compliance Team Specialists in their respective regions. The purpose of the evaluation is to ensure quality services are provided and that Service Provider are in compliance with the standards and rules of the Life Choice Project funded by the TANF Alternatives to Abortion Initiative of the State of Louisiana, Department of Social Services. The purpose of the visit is to evaluate the progress of the Service Provider in meeting the requirements as well as to provide technical assistance (TA) as needed.

Quality Assurance On-Site Reviews

All on-site reviews will be planned, scheduled, and coordinated between the LCP Compliance Team Coordinator and the Service Provider. Technical Assistance is provided for each Service Provider based on the needs identified in LCP Service Provider Contract Application or during on-site evaluation visits. The Service Provider may also request Technical Assistance.

Each Service Provider will be audited at least once every three months.

1. To become an approved Service Provider, the applicant agency must undergo a successful Initial On-Site Review within six-weeks of eligibility determination. After a successful Quality Assurance Review, the site will be placed in a normal rotation to be audited again within two – three months.
2. In most cases, an on-site review will take one 1/2 day and will be performed by a Compliance Team Specialist from the Life Choice Project Office.

Quality Assurance On-Site Visits (continued)

3. On-site monitoring visits will be scheduled with the Service Provider through phone contact by the Compliance Team Coordinator at least one week in advance of the visit.
4. During the Initial On-Site Visit, a list of client charts selected for the audit will be sent to the Service Provider prior to the audit to allow for preparation. In future On-site Reviews, clients' charts will be randomly selected by the Compliance Team Specialist(s).
5. The Service Provider is required to produce the following data relevant to each clients' chart.
 - Survey
 - Consent Form
 - Client TANF EZ Eligibility Form and supporting documentation
 - Client Intake Form
 - Pregnancy Test & Verification
 - Negative Test — Counseling
 - Negative Test — Abstinence Counseling
 - Clients' Referral Form(s)
 - Initial Risk Assessment
 - Care Plan
 - Follow-up Visits Form(s)
 - Counseling— Individual & Group Activities
 - Client Service Assessment Form(s)
 - Birth Outcomes
 - Exit Interview
6. To facilitate review of each location, the Quality Assurance Checklist has been developed to assist the person responsible for collecting the source documentation for the audit. The checklist will be mailed at the time of notification.
7. At the conclusion of the On-site Review, the Compliance Team Specialist(s) will conduct an exit interview with the Center Director and, as appropriate, the agency's staff on the findings from the audit. This will hopefully clear up any questions which could have a direct influence on the final report submitted to the LCP administrative office.
8. The Compliance Team Specialist will submit an outlined description of the discrepancies using the Quality Assurance Compliance Checklist Form. The Client Services Coordinator and the Service Provider Training Coordinator will compile and analyze the data, and a final report will be prepared and submitted to the Service Provider within ten days of the audit where a review of the audit findings and the Compliance Team Specialist's recommendation is made. If the Service Provider has any questions, the Client Services Coordinator should be contacted.

Quality Assurance On-Site Visits (continued)

9. The audit consists of reviewing and evaluating five separate components:

- Standards of Care - (OSHA Regulations & CLIA Waiver)
- Clinic's Policies and Procedures
- Client Chart Review
- Reporting Procedures
- Resources, referrals, and informational materials

During the audit, each of these components will independently be assigned an assessment of Acceptable; Acceptable Needs Follow-up; and Unacceptable; based on findings at the time of the audit.

Acceptable— No deficiencies, few lesser deficiencies, or major deficiencies that were addressed and corrected prior to the audit. No follow-up required.

Acceptable, Needs Follow-up- Multiple lesser deficiencies identified, or major deficiencies identified that were not corrected and/or addressed prior to the audit. Requires a written response and/or corrective action plan.

Unacceptable— Multiple major deficiencies identified, a single flagrant deficiency identified, or excessive number of lesser deficiencies. Requires (as a minimum) a written response and/or corrective action plan and a re-audit of any component rated as unacceptable.

10. A copy of the audit report is sent to the Compliance Team Coordinator and the assigned Specialist(s).
11. Service Providers found to be "unacceptable" or "acceptable, needs follow-up" on any component are required to submit a written response and/or corrective action plan to the Client Services Coordinator within ten days of receipt of the final audit report. Follow-up action for an "unacceptable" audit will be determined by the severity of the discrepancies, but may include repeat on-site audits, off-site audits, suspension or probation.
12. If systematic misrepresentation of data is identified on an audit, an immediate repeat audit is scheduled by the Compliance Team Coordinator.
13. Failure to meet the criteria at a second audit will result in a recommendation for immediate suspension of the Service Provider.

*Life Choice Project*QUALITY ASSURANCE MONITORING & IMPROVEMENT STANDARDS

The purpose of the Life Choice Project Quality Assurance Program is to identify and pursue opportunities for improvement in the quality of care and services to eligible clients, and ultimately to ensure that prenatal care and outreach services are provided conform with professional standards of care.

The objectives are as follows:

1. Monitor and evaluate the Life Choice Project services to clients for quality, appropriateness, and level of care through a variety of means, to include review of services and Service Provider performance.
2. Identify potential and actual quality of care issues through a systemic review of outcome indicators.
3. Establish mechanisms to evaluate and improve prenatal care outcomes.
4. Review and investigate identified quality issues and take corrective actions where appropriate.
5. Monitor corrective actions taken and evaluate their impact on the quality of care and to make modifications in actions as indicated.
6. Educate all participating Service Providers, as well as project staff in the philosophy, procedures, practices, and expectations of the Life Choice Project Quality Assurance Program.
7. Establish performance standards to determine if care provided by the Life Choice Project Service Provider meets the requirements of good prenatal care and is satisfactory to clients.
8. Monitor and assure compliance with requirements of appropriate state and federal agencies.
9. Provide a mechanism for participants and Service Providers that will assist them in improving their own prenatal care decision-making processes in the provisions of care and services.
10. To provide relevant Quality Improvement information to Service Providers that will assist them in improving their own prenatal care decision-making processes in the provision of care and services.
11. Establish, maintain, and enforce a Confidentiality/Conflict of Interest policy regarding peer review activities for protection of confidential participants, and Service Provider information.
12. To provide guidelines for the receiving, processing, channeling, and responding to participant's grievances related to management and review practices.
13. To accurately record documentation of Quality Improvement activities, including documentation of Quality Improvement reports.

Life Choice Project

Code of Ethics and Professional Conduct

Commitment to ethical professional conduct is expected of every project staff member of the Life Choice Project.

I acknowledge:

- ♦ That I have an obligation to my employer, Caring to Love Ministries/Life Choice Project, therefore, I shall uphold it's ethical and moral principles.
- ♦ That I have an obligation to Caring to Love Ministries/Life Choice Project whose trust I hold, therefore, I shall endeavor to discharge this obligation to the best of my ability, to guard my employer's interest and to advise the organization wisely and honestly.
- ♦ That I have an obligation to my fellow LCP staff members, therefore, I shall uphold the high standards of CTLM/Life Choice Project. Further, I shall cooperate with my fellow staff members and shall treat them with honesty and respect at all times.
- ♦ That I have an obligation to the Service Providers of the CTLM/Life Choice Project, therefore I shall promote the understanding of information and procedures of the LCP—Prenatal Care and Coordination Services using every resource at my disposal.
- ♦ That I have an obligation to the CTLM/Life Choice Project Service Providers and will participate to the best of my ability in the dissemination of knowledge pertaining to the general development and understanding of the LCP-Prenatal Care and Coordination Services. Further, I shall not use knowledge of a confidential nature to further my personal interest, nor shall I violate the privacy and confidentiality to information entrusted to me or to which I may gain access.
- ♦ That I have an obligation to my community, therefore, in my personal, business, and social contacts, I shall uphold and honor my chosen way of life.

I accept these obligations as a personal responsibility and as a staff member of this organization. I shall actively discharge these obligations and I dedicate myself to that end.

Name: _____

Signature: _____

Date: _____

Quality Assurance Explanation of Activities Part I—Standards of Care

Type of Visit: *(check one)*

Date: _____

- ☐ Initial On-site Review
☐ Scheduled On-site Review
☐ Follow-up On-site Review

LCP Subcontractor: _____

Compliance Team Specialist: _____

OSHA Regulations	OSHA Regulations are standards of health and safety required for the operation of facilities. Agency must have OSHA Regulations available for review.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file
Compliance Specialist Findings <hr/> <hr/> <hr/> <hr/> <hr/>		
CLIA Waiver	A CLIA Waiver documents that the Agency complies with general standards in the disposal of human waste. A CLIA Waiver is required for the operation of facilities. Agency must have a CLIA Waiver available for review.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file.
Technical Training	Technical monitoring is to insure that effective training is conducted to center staff to insure successful execution of the Life Choice Project.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file.
Compliance Specialist Findings <hr/> <hr/> <hr/> <hr/> <hr/>		

Life Choice Project

Quality Assurance Explanation of Activities Part II- Clinic Policies & Procedures

Type of Visit: (check one)

- ☐ Initial On-site Review
☐ Scheduled On-site Review
☐ Follow-up On-site Review

Date: _____

LCP Subcontractor: _____

Compliance Team Specialist: _____

Board of Director Minutes	Review Articles of Incorporation to identify the number of annual Agency's Board Meeting to be conducted. Review Board Meeting Minutes to ensure Agency complies with established policy regarding number of Board Meetings.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file.
Board Meeting Notice Posted	Agency is required to have information on file or posted for public inspection announcing the date, time, and location of Board Meeting. The availability of an Agenda is optional.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file.
Compliance Specialist Findings _____ _____ _____ _____ _____		
Insurance ⇒ Workman's Compensation ⇒ Professional Liability ⇒ General Liability	State law requires that all business operate with (Workman's compensation/Professional & General Liability) Insurance. Review files to ensure coverage is current and in the agency's name.	<input type="checkbox"/> Agency has Information on file. <input type="checkbox"/> Agency information not complete. <input type="checkbox"/> Agency does not have required information on file.
Compliance Specialist Findings _____ _____ _____ _____		

Life Choice Project

This section covers an interview with Service Provider/Subcontractor to address their established policies regarding the management of client records.			
Agency Client Record System Organized	1. The record are organized to facilitate easy retrieval and compilation of information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. The record are readily accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. The record are confidential and secure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. Safeguarded against loss or use by unauthorized persons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Secured and lock when not in use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. The record are available to the client upon request and with a signed release of information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency maintains comprehensive Client Health Record	1. The Agency use Purple folders for Life Choice Project eligible client.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. The client records are arranged in a consistent chart order.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. The Agency use standard chart forms in all client records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency maintains complete and accurate record of each clients' health care.	1. The clients' records include the following documentation:		
	a. Client identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Personal/socioeconomic data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Information available to contact the client (to facilitate continuity of care and assure confidentiality).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Agency maintains complete and accurate record of each clients' health care.</p>	<p>1. The clients' records include the following documentation:</p> <ul style="list-style-type: none"> d. Health Risk Assessment e. History including health, psychosocial, etc. f. Result of Pregnancy Test g. Plan of care, including education/counseling. h. Schedule of Follow-up visits. i. Referrals made and their outcome(s). j. Signed and dated entries by each staff (i.e. first initial, and last name, title, month/day/year). k. Consent for services/ informed consent forms l. A problem list to ensure the continuity of care m. Progress notes 	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Compliance Specialist Findings</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																						

Life Choice Project

Compliance Specialist Findings	
Agency Client Record System Organized	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Agency maintains comprehensive Client Health Record	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Agency maintains complete and accurate record of each clients' health care.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

COPY

Quality Assurance Explanation of Activities
Part III-Client Chart Review Form

LIFE CHOICE PROJECT

Date: _____
Compliance Specialist: _____
LCP Subcontractor: _____

Type of Visit: (Check one) Initial On-site Review Scheduled On-site Review Follow-up On-site Review

1st Visit :

101 Consent Form
101-H Home visit consent form
102 TANF Eligibility
103 Intake Form
103 Intake Form
203 Care Plan - Risk Assessment
Client advised to see an MD for blood pregnancy test
Client advised of ER precautions
Pregnancy Confirmation
104 Case Management (Medical/Edu.)
105 Yellow Exit Interview
105-M Blue Exit Interview
104 Return Visit
101 On-going Mon.1 positive test only
301 Support Visit Ed. Session

Documentation ⇒TANF EZ Form (Form 102, white)	Agency staff assist client to complete eligibility form, identifies income and employment status. Is Client income mthly, wkly, yrly, etc. Client completes TANF EZ Form.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Documentation of Client's income eligibility	Agency staff follows guidelines for establishing proof of eligibility. Staff receives documentation information from Client that verifies income eligibility. <i>Federal Aid also implies income eligibility.</i>	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Pregnancy Verification	Documentation of pregnancy verification from physician, nurse, and or state licensed midwife needed to support reimbursement request.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Initial Risk Assessment (Form 203, neon orange)	Agency staff provides one-on-one interview with LCP client. Documentation to verify Initial Risk Assessment services performed. Identification of client health status to reflect problems, concerns, for healthy pregnancy.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Care Plan (Form 203)	Agency staff provides one-on-one interview with LCP participant. Documentation needed to verify services to LCP participant of Care Plan. Identification of client health status to reflect problems, concerns, etc.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Second Visit

Documentation ⇒Follow-Up Risk Assessment/On Going Monitoring 1 (Form 301, pastel yellow)	Agency staff provides one-on-one interview with LCP client. Documentation to verify On Going Monitoring services performed. Identification of client health status to reflect problems, concerns, for healthy pregnancy and lifestyle concerns.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Care Plan (Form 301)	Agency staff provides one-on-one interview with LCP participant. Documentation needed to verify services to LCP participant of Care Plan. Identification of client health status to reflect problems, concerns, etc.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Support Group Activities (Form 301)	Classroom and other group activities provided to LCP participants. Documentation should identify name of activity, date, time, location, number of hours.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Pregnancy Verification	Documentation of pregnancy verification from physician, nurse, and or state licensed midwife needed to support reimbursement request.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒Negative-Abstinence Counseling (Form 301-N)	Staff provides one-on-one counseling with client. Documentation emotional assessment and questionnaire with STD education to inform clients of risk.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Third Visit

Documentation ⇒ 3 rd Visit Risk Re-Assessment (Form 302, peach)	Agency staff provides one-on-one interview with LCP participant. Documentation to verify Re-Assessment services performed. Identification of client health status to reflect changes, problems, concerns for healthy pregnancy.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒ 3 rd & Home Visit Liability Form (Form 104-H, peach)	Agency staff provides support and assistance to client. Documentation to verify pantry items and referral services were given. Relieves agency of personal liability of damages occurred while using those items.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Home Visit

Documentation ⇒ Home Health/Hospital Visit Consent Form (Form 104-H, white)	Agency staffs review service information with LCP participant. Client completes Consent Forms for First visit, Home and Post-Partum Visits	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒ Home Visit Services Form (Form 103-104H, ivory)	On-going care and monitoring of client's health status and physical needs. Documentation needed to verify services to LCP participant for each visit. In Yellow File?	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation ⇒ Birth Outcomes Assessment Form (Form 402, ivory, only centers with Nurse)	Staff provides one-on-one counseling with client. Documentation to verify Prenatal home visit. Identification of client health status to reflect symptoms, problems, concerns referred to doctor for follow-up.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Post-Partum Visit

Documentation Birth Outcomes Evaluation (Form 501-203-P, tan)	Staff provides one-on-one interview with LCP participant. Documentation needed to verify services to LCP participant of Post Partum Services. Identification of client health status to reflect problems, concerns, etc.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	_____ _____ _____ _____
Documentation ⇒ Exit Interview Home/Hospital, Birth Outcomes (Form 105-V, tan)	At the completion of the service, client must be provided the opportunity to assess the delivery of service. This information is needed to gage client's satisfaction and the need to re-examine LCP services.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	_____ _____ _____ _____

Other Documents

Documentation ⇒ Client Referral Form(s) Case Management (Form 104, purple)	Client receives support and assistance. Documentation to verify pantry items and referral services. Information tracks referrals and outcome(s) are reported the same way on billing form.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	_____ _____ _____ _____
Documentation ⇒ Follow-up Form (s) (Form 106, coral color)	On-going coordination and monitoring of client's health status. Documentation needed to verify services to LCP participant for each visit.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	_____ _____ _____ _____
Documentation ⇒ Exit Interview (Form 105, pastel yellow)	At the completion of the service, client must be provided the opportunity to assess the delivery of service. This information is needed to gage client's satisfaction and the need to re-examine LCP services.	Form is complete, signed, dated, and in client's file Form is incomplete and/or lacks appropriate information Form is not found in client's file Does not apply to this visit	_____ _____ _____ _____

Summary of Compliance Specialist Findings

Quality Assurance Explanation of Activities
 Part IV—Reporting Procedures
 Page 1

Life Choice Project

Type of Visit: (check one)

Date: _____

- ☐ Initial On-site Review
☐ Scheduled On-site Review
☐ Follow-up On-site Review

LCP Outreach : _____

Compliance Team Specialist: _____

Client Services Assessment Form

Total Number of Participants Enrolled in Life Choice Project Outreach Presentation
 —Prenatal Care & Coordination Services _____

Total Number of Randomly Selected Files for Review _____

Participants services are performed as outlined in surveys or rosters Assessment Form. ☐ Yes ☐ No

Participants service limits adhered to. ☐ Yes ☐ No

Appropriate service documentation available in each client chart. ☐ Yes ☐ No

Total Number of Files with completed Client Assessment Form _____

- ☐ Number of Files with accurate client information. _____
☐ Number of Files with inaccurate client information. _____

Request for Reimbursement Form & Monthly Activity Data Form

☐ Agency understands appropriate procedures for reporting client service activities as outlined on the Request for Reimbursement Form. ☐ Yes ☐ No

☐ Agency adheres to reporting requirements as outlined in the Monthly Activity Data Form. ☐ Yes ☐ No

Compliance Specialist Findings

Client Services Assessment Form:

Request for Reimbursement Form & Monthly Activity Data Form:

Life Choice Project

Quality Assurance Explanation of Activities
Part V—Resources, Referrals, and Informational Materials

Type of Visit: (check one)

- ☐ Initial On-site Review
☐ Scheduled On-site Review
☐ Follow-up On-site Review

Date: _____

LCP Subcontractor: _____

Compliance Team Specialist: _____

<p>Agency Coordinates its services with other community agencies in an effort to facilitate the participants' access to community services and to prevent duplication of efforts.</p>	<p>The Agency is knowledge about community resources and maintains a client referral and tracking system.</p>	<p><input type="checkbox"/> Evidence that Agency has a Community Resource Directory, Referral Listings, and or a written plan for interagency agreement with other providers or programs to ensure Life Choice Project participants needs are addressed.</p> <p><input type="checkbox"/> Evidence that Agency has some information regarding available resources to assist Life Choice Project participants. Additional information is needed.</p> <p><input type="checkbox"/> Agency lack evidence of adequate information of required to assist Life Choice Project participants information on file.</p>
	<p>The agency maintains a Community Resource Directory and/or listing of appropriate service provides to assist and support LCP eligible participants.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Compliance Specialist Findings</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		

COPY

Life Choice Project

Quality Assurance Explanation of Activities
Part V—Resources, Referrals, and Informational Materials

Type of Visit: (check one)

Date: _____

- ☐ Initial On-site Review
☐ Scheduled On-site Review
☐ Follow-up On-site Review

LCP Subcontractor: _____

Compliance Team Specialist: _____

**Educational Materials,
Promotional Materials,
Resources, and Brochures**

Agency must follow regulations of the Life Choice Project by ensuring that all educational, promotional, resources, and brochures, meet approval from the Life Choice Project Administrative Office.

Obtain copies of information and materials for distribution to Life Choice Project participants.

No Christian Literature can be distributed to Life Choice Project participants during their service in program components.

☐ Evidence that all information for distribution to Life Choice Project participants are approved as required.

☐ There is no evidence of information for distribution to Life Choice Project participants.

☐ Evidence that information for distribution to Life Choice Project participants do not meet the required approval.

Christian Literature provided to Life Choice Project participants?

☐ Yes ☐ No

Compliance Specialist Findings

09



Subcontractor Quality Assurance Program Checklist

Compliance Specialist:	Telephone #:
Date Mailed:	Date of Scheduled Visit:
Center's Name:	
Center Director's Name:	
LCP Number:	Telephone #:

Part I: Standards of Care

- ☐ OSHA Regulations
- ☐ CLIA Waiver

Part II: Clinic Policies & Procedures

- ☐ Board of Director's Minutes
- ☐ Board Meeting Notice Posted
- ☐ Proof of Insurance
 - ~ Workman's Compensation
 - ~ Professional Liability
 - ~ General Liability
 - ~ Sexual Assault
- ☐ Clinic Recordkeeping Process

Part IV: Reporting Procedures

- ☐ Client Services Assessment Form
- ☐ Request for Reimbursement Form

Part III: Client Chart Review

- ☐ Survey and Client Consent Form
- ☐ Client In-take Form
- ☐ TANF EZ Form
- ☐ Clients' Income Eligibility Document
- ☐ Client Pregnancy Test & Verification
- ☐ Individual Support—Counseling
- ☐ Negative Test — Counseling
- ☐ Negative Test — Abstinence Counseling
- ☐ Client Referral Form
- ☐ Initial Risk Assessment
- ☐ Care Plan
- ☐ Follow-up Form
- ☐ Support Group Activities
- ☐ Exit Interview
- ☐ Survey
- ☐ 3rd Visit Risk Re-Assessment
- ☐ Post Partum Care
- ☐ Home Visits

Part V: Resources, Referrals, & Informational Materials

- ☐ Coordination and/or collaboration of services with other community agencies.
- ☐ Samples of Educational and Promotional Materials.
- ☐ Review of Instructional Resources and Brochures.
- ☐ Family Road Referral? ☐ Yes ☐ No

